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CLIENT NO. HWEL01-06741
Customer No. 00128

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Charles Q. Zhan, et al.
U.S. Serial No.: 10/717,406
Filed: November 19, 2003
For: APPARATUS AND METHOD FOR IDENTIFYING POSSIBLE
DEFECT INDICATORS FOR A VALVE
Group No.: 2863
Examiner: Toan M. Le

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

AMENDMENT AND RESPONSE TO OFFICE ACTION

In response to the Office Action dated November 10, 2004, please amend the above-identified patent application as follows.

03/07/2005 TSTEP10E 00000001 500200 10717406

01 FC:1251 120.00 DA

SUMMARY


If any issues arise, or if the Examiner has any suggestions for expediting allowance of this application, the Applicants respectfully invite the Examiner to contact the undersigned at the telephone number indicated below or at *wmunck@davismunck.com*.

The Commissioner is hereby authorized to charge any additional fees connected with this communication (including any extension of time fees) or credit any overpayment to Deposit Account No. 50-0208.

Respectfully submitted,

DAVIS MUNCK, P.C.

Date: Feb. 10, 2005



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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/717406

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
				PRESENT EXTRA
	Total	* 22	Minus	** 22
	Independent	* 4	Minus	*** 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
				PRESENT EXTRA
	Total		Minus	
	Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
				PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL		OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	